Survey – Consultation Paper on the Pricing Framework for Australian Support at Home Aged Care Services 2026–27

1. Full name

Anne-Maree Amies

2. Email address (Required)

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3. Phone number

+61387344505

4. Full name of the organisation you represent or work for

Wyndham City Council

5. Which statement best describes your involvement with in-home aged care? (Please select one option only)

☐ I represent an in-home aged care provider
☐ I work for an in-home aged care provider
☐ I am receiving in-home aged care services (skip to question 13)
☐ I am a carer, family member or representative of someone receiving in-home aged care services (skip to question 13)
☐ I represent a peak body or similar organisation
☐ I am a health professional or clinician
☐ I represent or work for an Australian Government, state or territory government department or agency
☒ I represent or work for local government
☐ I represent or work for a university, policy or research institution
☐ I am a member of the general public (skip to question 13)
☐ Other (please specify): (skip to question 13)

Click or tap here to enter details.

6. What best describes your organisation type? (Please select one option only)

☒ Government-owned
☐ Private
☐ Not-for-profit
☐ N/A

7. Which best describes your role in the organisation? (Please select one option only)

☐ Owner
☐ Manager
☐ Aged care worker (non-clinical)
☐ Personal care worker
☐ Nurse
☐ Allied health professional
☒ Other (please specify):

Coordinator Community Connection & Care Services, Positive Ageing

8. Which states and/or territories does your organisation provide in-home aged care services in? (Please select all that apply)

☐ New South Wales
☒ Victoria
☐ Queensland
☐ South Australia
☐ Western Australia
☐ Tasmania
☐ Northern Territory
☐ Australian Capital Territory
☐ N/A

9. Which of the following areas does your organisation provide in-home aged care services in? (Please select all that apply)

☒ Metropolitan
☐ Regional
☐ Rural
☐ Remote
☐ N/A

10. How many older people does your organisation provide care to? (Please select one option only)

☐1-49
☐ 50-99
☐ 100-199
☐ 200-499
☐ 501-999
☐ 1,000+

11. How many people does your organisation employ on a regular basis (including permanent, agency and casual staff and business owner)? (Please select one option only)

☐ 1 (I am self-employed/sole trader)

☐ 2-9
☐ 10-49
☐ 50-99
☒ 100+

12. Which of the following services does your organisation deliver (or arrange for the delivery of)? (Please select all that apply)

☐ Nursing care (registered nurse, enrolled nurse, nursing assistant)
☐ Care management (home support care management)
☐ Restorative care management (home support restorative care management)
☐ Personal care (assistance with self-care and activities of daily living, assistance with the self-administration of medication, continence management (non-clinical))
☒ Social support and community engagement (group social support, individual social support, accompanied activities, cultural support, digital education and support, assistance to maintain personal affairs)
☐ Therapeutic services for independent living (acupuncturist, chiropractor, diversional therapist, remedial masseuse, art therapist, osteopath)
☐ Respite (respite care)
☐ Transport (direct transport (driver and car provided), indirect transport (taxi or rideshare service vouchers))
☐ Assistive technology and home modifications
☐ Domestic assistance (general house cleaning, laundry services, shopping assistance)
☐ Home maintenance (gardening, assistance with home maintenance and repairs)
☐ Meals (meal preparation, meal delivery)
☐ Allied health and other therapeutic services (please specify):
  ☐ Aboriginal and Torres Strait Islander health practitioner
  ☐ Aboriginal and Torres Strait Islander health worker
  ☐ Allied health assistant
  ☐ Counsellor or psychotherapist
  ☐ Dietician or nutritionist
  ☐ Exercise physiologist
  ☐ Music therapist
  ☐ Occupational therapist
  ☐ Physiotherapist
  ☐ Podiatrist
  ☐ Psychologist
  ☐ Social worker
  ☐ Speech pathologist

13. Do you or your organisation represent any of the following groups? (Please select all that apply)

☒ People from Aboriginal and Torres Strait Islander communities
☒ People from culturally and linguistically diverse backgrounds
☒ People who live in rural or remote areas
☒ People who are financially or socially disadvantaged
☒ Veterans

☒ People who are homeless or at risk of becoming homeless
☒ Care-leavers
☒ Parents separated from their children by forced adoption or removal
☒ Lesbian, gay, bisexual, transgender and intersex people
☒ Other (please specify):

We are local government and support all intersections of identies and backgrounds

14. Does your organisation provide specialist care to any of the following groups? (Please select all that apply)

☐ People from Aboriginal and Torres Strait Islander communities
☐ People from culturally and linguistically diverse backgrounds
☐ People who live in rural or remote areas
☐ People who are financially or socially disadvantaged
☐ Veterans
☐ People who are homeless or at risk of becoming homeless
☐ Care-leavers
☐ Parents separated from their children by forced adoption or removal
☐ Lesbian, gay, bisexual, transgender and intersex people
☒ Other (please specify):

We are local government and support all intersections of identies and backgrounds

15. Have you heard of the Independent Health and Aged Care Pricing Authority (IHACPA) prior to this public consultation?

☒ Yes
☐ No

16. What are you most interested in hearing about from IHACPA in the future?

Click or tap here to enter text.

17. How did you hear about this public consultation?

☐ Social media (for example, LinkedIn)
☒ Department of Health, Ageing and Disability newsletter
☐ IHACPA email
☐ Peak body or similar organisation
☐ Commonwealth, state or territory government department or agency
☐ From an in-home aged care provider
☐ Online advertisement in aged care networks/newsletters
☐ Other (please specify):

Click or tap here to enter text.

18. Would you like to sign up to IHACPA's mailing list to receive updates on our Support at Home / in-home aged care work?

☐ Yes
☒ No
☐ N/A – I have already signed up

Consultation paper questions

1. Do the pricing principles provide adequate guidance for IHACPA's development of pricing advice?

☒ Yes
☐ No

1a. If not, what changes do you recommend?

Wyndham City Council acknowledges the pricing principles provide a sound foundation but suggests they may underrepresent equity, cultural safety, local market conditions, workforce sustainability, and the realities of delivering care in high-growth areas like Wyndham — where 59% of residents aged 65+ were born overseas and 33% speak a language other than English (Census 2021).

Wyndham recommends strengthening the principles by including:

- Participant choice and flexibility — Meeting client preferences, such as culturally aligned staff or preferred service times, requires adaptable service models, responsive rostering, and a flexible workforce — particularly in diverse communities and thin markets. Wyndham highlights the need for flexible pricing that adapts to changing demographics, service needs, and client complexity — particularly in fast-growing areas. Recognising co-design with local communities and providers can help ensure pricing reflects real-world relevance and lived experience.
- Workforce sustainability and capacity building — Reflecting the real cost of recruitment, supervision, and ongoing development and upskilling of staff, with workforce costs accounting for approximately 70% of home care expenditure (StewartBrown 2024).
- Inclusiveness and cultural safety — Factoring in the cost of multilingual staffing and culturally responsive care, recognising the additional costs of serving clients with complex or overlapping needs to avoid pricing models that favour simpler care.

Wyndham also recommends maintaining a strong focus on:

- The role of preventative and enabling services like community navigation, social connection, and wellness activities.
- Adjusting pricing to reflect real-world service delivery costs — Including the higher operating costs, workforce pressures, and increased demand that come with servicing fast-growing, diverse populations in areas like Wyndham. Also recognise the unique

challenges faced by smaller communities with limited service presence, such as fewer available providers, travel barriers, and the higher per-client cost of delivering services in low-density areas. Aligning pricing with community outcomes — valuing service quality, client experience, and cultural safety, not just service volume.

- The contribution of non-clinical supports like social activities, transport, and community connections to promoting independence and wellbeing.

2. Are there specific service types, locations and population groups that IHACPA should focus on in future cost collections?

Wyndham City Council suggests IHACPA prioritise cost collection in areas of unmet need and thin markets, particularly in outer-metropolitan regions like Wyndham, where workforce shortages, cultural diversity, and service gaps are significant.

StewartBrown's 2024 Financial Performance Survey reports persistent undersupply, with unspent home care funds averaging $14,500 per client — reinforcing the need to focus on thin markets, service access, and culturally responsive care.

Wyndham recommends IHACPA focus on:

- Interpreter services — Interpreter costs are significant for CALD clients and warrant consistent inclusion in cost models.
- Waitlists and service undersupply — Capturing the reasons behind extended wait times supports a clearer picture of service access. Wyndham's Community Connector program often reports that long waits further disadvantage vulnerable residents. Delays may arise from factors such as workforce shortages or service prioritisation practices, both of which contribute to inequitable access.
- Allied health services (e.g. OTs for home modifications) — Known gaps in OT access highlight the need for targeted pricing analysis, especially in high-growth suburbs. Wyndham's Community Connector program often hears reports of residents struggling to access occupational therapists (OTs). Pricing disparities between aged care and NDIS-funded services make aged care work less attractive to providers, disadvantaging My Aged Care participants seeking timely allied health support.
- Culturally appropriate services — Service models that reflect cultural preferences, including language, engagement approach, and staffing, are critical considerations in pricing.
- Complex support needs — Clients with complex mental health, behavioural, and/or physical support needs may require additional staffing, specialised equipment (e.g. hoists), and risk management strategies. Recognising these costs supports equitable, quality care.

Wyndham also recommends IHACPA target data collection on:

- CALD communities and priority populations — Over one-third of Wyndham's older residents speak a language other than English at home, and over half were born overseas. Wyndham also notes that older people living alone — particularly older women — along with Aboriginal and Torres Strait Islander peoples, people with disability, and those from refugee backgrounds may face increased risks of isolation, financial insecurity, and difficulty accessing services. Digital exclusion — Understanding and mitigating digital access barriers that affect older residents' ability to navigate aged care services.

- Community transport, social support, and connection services — Essential for preventing isolation in growth areas like Tarneit and Truganina, where limited public transport and undeveloped road networks in new estates often make accessing services more difficult for older residents.

- High-growth suburbs with limited provider presence — Focusing on these areas may help identify unmet needs and guide equitable service planning. Limited provider presence in high-growth areas could also be considered when adjusting pricing to reflect the higher costs of service establishment and delivery in these communities.

3. How can IHACPA better support providers to participate in its cost collections to continue to improve their representativeness?

Wyndham City Council suggests that IHACPA strengthen provider engagement by simplifying processes, recognising provider capacity, and ensuring participation delivers value.

StewartBrown's 2024 Financial Performance Survey highlights that administrative and compliance burdens continue to rise for providers, with non-direct care costs now comprising a significant portion of operational expenditure. This suggests simplifying cost collection tools and offering clear value for participation would support a more representative and sustainable process.

Wyndham recommends IHACPA:

- Simplify data collection templates — Scale templates to suit provider size and capacity, particularly for smaller, community-based, and CALD-specific providers, as complex templates often discourage participation. Provide practical training on correct data submission processes.

- Provide clear guidance — Offer transparent instructions on data requirements, reporting timelines, and how collected data will be used.
- Offer translated materials, training, and direct support — Engage trusted local networks, such as councils and regional alliances, to promote provider participation. Practical supports may include funded local workshops or drop-in sessions to assist providers with understanding and completing cost collection processes. Consider providing simplified, mobile-friendly digital tools to support providers with limited office infrastructure.
- Increase proactive engagement — Address low participation by actively reaching out through funding agreements, direct invitations, and building partnerships with providers.
- Protect provider confidentiality — Acknowledge that providers may be cautious about sharing data and ensure confidentiality through de-identified data collection where possible. .Provide value for participation — Offer tangible benefits such as benchmarking reports, sector insights, or comparative data to encourage provider engagement.

4. What factors should IHACPA take into account when considering pricing adjustments for services provided in rural and remote areas?

Wyndham City Council recommends that IHACPA consider the shared operational challenges faced by providers in rural, remote, outer-metropolitan, and peri-urban areas — including regions like Wyndham, where workforce shortages, long travel distances, and higher service delivery costs often mirror rural service conditions. Wyndham also highlights that peri-urban and fringe communities, while not formally classified as rural, experience similar access barriers and service gaps. StewartBrown's 2024 Aged Care Financial Performance Survey reinforces this, noting that fixed pricing models can disadvantage providers operating in areas with higher operational costs, increasing financial strain and risking service availability in under-served communities. Wyndham recommends IHACPA:

- Recognise travel time and associated costs — including fuel, allowances, and unremunerated travel time — as these are often not fully captured in current pricing models.
- Address workforce isolation and safety risks by accounting for the additional resources required, such as duress alarms, mobile devices, and lone worker protocols.
- Account for the increased supervision, workforce support, and risk management costs associated with delivering services in isolated areas or settings with complex client needs.
- Reflect local cost-of-living pressures in pricing adjustments to avoid disadvantaging both providers and participants in higher-cost areas.
- Adopt pricing adjustments that capture real operational expenses — including travel, staff safety, client engagement, and administrative compliance — which may be missed in standard cost collections.
- Explore targeted pricing loadings to help ensure the viability of providers in high-cost or under-served areas.

5. What factors should IHACPA take into account when considering pricing adjustments for services provided for people from Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds and other people with special needs?

Wyndham City Council recommends that IHACPA consider the practical realities of delivering culturally safe, relationship-based care in diverse communities like Wyndham , which is home to one of the largest Aboriginal and Torres Strait Islander populations in metropolitan Victoria, with over 2,200 residents identifying as Aboriginal and Torres Strait Islander (ABS Census 2021).

StewartBrown's 2024 Financial Performance Survey shows that non-direct care costs — like administration, communication, and compliance — now make up a large part of provider expenses. This highlights the need for pricing that covers the extra time, staffing, and engagement needed to deliver culturally safe and inclusive care.

Key factors include:

- Cultural preferences and flexibility in service delivery — including client choice for culturally aligned providers and varying expectations of engagement.
- Interpreter and bilingual staffing costs — critical for effective communication, trust-building, and equitable access.
- Time required for trust-building and culturally safe engagement — Recommend explicit recognition of the time and resources needed to build and maintain trusted relationships with community leaders, noting that relationship-based care often requires additional time, flexibility, and ongoing engagement. Financial risks from no-shows or service refusals — particularly where cultural norms differ from standard service models or where engagement may vary.

Wyndham suggests IHACPA explicitly recognise these factors in both its pricing models and cost collection frameworks, ensuring providers can continue delivering culturally safe care without financial penalty or sustainability risk.

6. What provider or participant-related factors should IHACPA take into account when considering data requirements and the pricing approach for the transition of the Commonwealth Home Support Programme (CHSP) to the Support at Home program?

Wyndham City Council recommends that IHACPA carefully consider the transition pressures faced by CHSP providers — particularly those operating in thin markets or servicing vulnerable communities — as they adapt to new funding, reporting, and compliance requirements. StewartBrown's 2024 Financial Performance Survey highlights that rising administrative and compliance costs, especially for smaller providers, are placing increasing pressure on financial viability. This reinforces the need for a flexible, supportive transition approach that mitigates cash flow risks, supports provider capacity building, and acknowledges the real costs of adapting to the Support at Home program. Wyndham also notes the risk of small, community-based providers being squeezed out if transition costs are not recognised — potentially leading to the loss of local trust, community connections, and cultural knowledge.

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Wyndham suggests IHACPA:

- Recognise the significant cost of transitioning to a new program — Including investment in new systems, workforce adjustments, IT upgrades, compliance activities, and digital capability. Providers will face dual pressures of maintaining existing services while adapting to new requirements. This includes the need for clear funding to support training existing CHSP staff to meet new data and reporting expectations. Clarify reporting, billing, and data collection requirements early — to reduce administrative burden and avoid unintended service disruption.
- Consider cash flow risks associated with the shift from block funding to fee-for-service models — particularly for smaller providers previously funded on service quantity, who now face delayed or unpredictable payments.

- Provide flexibility in how funding is paid — such as allowing milestone-based or upfront payments — to help providers manage cash flow pressures and transition risks. This suggestion reflects concerns raised by providers in previous IHACPA consultations and findings from StewartBrown's 2024 Financial Performance Survey, which highlight the financial strain created by delayed reimbursements and activity-based funding models.
- Recognise marketing, promotion, and community engagement costs, which are necessary to support program awareness and client transition but are often excluded from pricing considerations.
- Consider incentives or grants for providers supporting low socioeconomic communities, and ensure pricing accommodates acute crisis response costs — such as natural disaster support or duty of care obligations.
- Support capacity building and digital capability development for providers with limited experience in managing detailed compliance or reporting under fee-for-service models.
- Acknowledge the critical role of wellness, social connection, transport, and reablement services — which must remain accessible during and after transition to support community wellbeing.

7. What future priorities should IHACPA consider when developing pricing advice for the Support at Home service list?

Wyndham City Council recommends that IHACPA prioritise a pricing approach that supports equity, sustainability, and the viability of local services — particularly in outer-metropolitan areas with growing older populations, diverse communities, and emerging service needs.

StewartBrown's 2024 Financial Performance Survey highlights that non-direct care, compliance, and administrative costs continue to rise, contributing to ongoing viability risks for smaller providers. This reinforces the need for flexible funding models and pricing structures that protect access to essential services in high-demand or thin-market areas.

Wyndham recommends IHACPA:

- Recognise that local governments may have one or both roles — As direct service providers and/or sector enablers that support sector capacity, foster partnerships, and help address service gaps in thin or emerging markets. Consider Commonwealth grants or incentives to strengthen local government participation in these roles. Ensure funding also supports partnerships between local government, community organisations, and small providers to fill local service gaps. Encourage provider entry and sustainability in under-serviced areas — Use incentives, flexible pricing, and targeted grants to support service viability in thin markets. Recognise the need for flexible service bundles that reflect real client goals and support meaningful outcomes. Encourage provider entry and sustainability in under-serviced areas through incentives, flexible pricing, and targeted grants, ensuring the viability of services in thin markets.

- Reflect the true cost of workforce sustainability — including recruitment, training, fair wages, and allowances for travel and the costs associated with isolated work.
- Value the role of preventative and enabling services — Recognise the importance of wellness programs, community transport, social connection, and reablement in helping older people maintain independence and reduce reliance on acute care. Consider including local transport innovations — such as community buses or shared transport — in service listings. Consider how administrative complexity, registration requirements, and compliance costs may limit the participation of smaller or community-based providers — particularly in thin markets or high-growth areas.
- Include safeguards to prevent service gaps or inequity where market-driven pricing models may exclude lower-income or vulnerable residents, ensuring access remains regardless of a person's ability to pay.
- Support providers' digital capability and capacity building to help them meet increasing reporting and compliance demands.

Wyndham also notes that as demand for services grows, particularly in areas where provider supply is limited, pricing models will need to remain flexible to prevent inequity and ensure fair access — recognising that affordability and equitable service distribution remain critical to community outcomes.

Final questions

19. I consent to IHACPA publishing my submission (Required)

☒ Yes, I consent
☐ No, I do not consent

20. I consent to IHACPA contacting me for further information or clarification about my submission

☒ Yes, I consent
☐ No, I do not consent

20a. If you answered 'Yes' to Question 20, what is your preferred method of contact?

☒ Email
☐ Phone

Thank you for your submission

Your feedback will contribute to the development of the Pricing Framework for Australian Support at Home Aged Care Services 2026–27 and the accompanying consultation report.

If you have any questions or need to contact us about your submission, please email submissions.ihacpa@ihacpa.gov.au or phone +61 2 8215 1100.

If you would like to receive updates about our work in aged care and upcoming consultations, please subscribe to our mailing list.

To participate in future aged care cost data collections with IHACPA, please contact agedcarecosting@ihacpa.gov.au.

How to submit your response

Email this survey to submissions.ihacpa@ihacpa.gov.au